

NYACE & POLLI-SHORE WRESTLING PRESENTS...

The Annual Lancer Classic

Saturday November 21, 2009

At St John Vianney High School, NJ

500 A Line Road, Holmdel, NJ 07733

TOURNAMENT INFORMATION:

\$30 Mail In (Deadline is Wednesday November 18th), Online (at www.pollishore.com)

\$35 Walk-Ins Day of the Tournament

Make Checks payable to: NYACE

Optional Weigh-Ins at Various Satellite Locations

(Check www.pollishore.com under the satellite link for the list sites.)

<u>DIVISIONS</u>	<u>START TIME</u>	<u>WEIGH-INS – 11/21</u>
DIV 1 3 rd Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 2 6 th Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 3 8 th Grade & Under	9:30 AM	7:30 - 8:30AM
DIV 4 12 th Grade & Under	9:30 AM	7:30 - 8:30AM

MADISON WEIGHT CLASSES

AWARDS FOR: 1st, 2nd, & 3rd Place

Tournament Rules: Grade as of 2009-2010 School Year.

Must wear a singlet or tight fitting shorts & t-shirt.

Time Periods: Divisions 1 & 2 are 3 – One Minute Periods, OT is 1 – 0:30 – 0:30 – 0:30 (New Rules)

Divisions 3 & 4 are 3 – 90 Second Periods, OT is 1 – 0:30 – 0:30 – 0:30 (New Rules)

For additional information contact:

Adam Polly by email at adam@pollishore.com

The Annual Lancer Classic 11/21/2009

REGISTRATION FORM (All fields must be filled out)

NAME: _____ **School / Club:** _____

Division - Circle One:

Division 1 – Division 2

Division 3 – Division 4

Tournament Staff Use Only

Paid: _____

Actual Weight: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** (____) _____ - _____

Email: _____

I hear-by declare that as a participant in this tournament I will enter at my own risk. I will not in any way hold liable the officials, coaches, Polli-Shore Tournaments, the hosting facility, or its employees for any injury that I may receive while in this tournament, or traveling to and from this tournament.

Wrestlers Signature: _____ **Date:** _____

Parents Signature: _____ **Date:** _____

Mail To: *Polli-Shore Tournaments*
2207 Baker Drive
Allentown, PA 18103